

#### CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION

Sheriffs' Standards Division PO Box 629 Raleigh, NC 27602

Telephone: (919) 779-8213 Fax: (919) 662-4515



### Criminal Justice Standards Division

Post Office Drawer 149 Raleigh, NC 27602 Telephone: (919) 661-5980 Fax: (919) 779-8210

### FIREARMS QUALIFICATION RECORD INSTRUCTIONS

Form F-9A (rev. 01.18)

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This form must be utilized to record the annual In-Service Firearms Training and Qualification for each eertified officer in compliance with 12 NCAC 9E .0100 or 12 NCAC 10B .2104. A copy must be maintained in each officer's personnel file at the employing agency, and must be available for inspection by a Commission Staff member. A copy must be attached to the F-5A and submitted to the Criminal Justice Standards Division for all new hires.			
SECTI SECTI SECTI SECTI SECTI	ON II: Must be completed for every officer and signed and dated by the instructor(s).  Must be signed and dated by the officer.  Must be signed and dated by the Agency Head or designated representative.	r(s)	
	The second state of the specific contribute of the same managed	(3).	
1.	officer's NAME: Weldon Bullock	SSN (Last 4):	
	Certified by: NC Criminal Justice Education and Training Standards Commission:  Certified by: NC Sheriffs' Education and Training Standards Commission:  Yes  Yes	■ No □ No	
	EMPLOYING/APPOINTING AGENCY: Vance County Sheriff	's Office	
II.	FIREARMS INSTRUCTOR COMPLIANCE – CLASSROOM REQUIREMENT		
	As a Specialized Fireanns Instructor, I do hereby certify that the officer listed above has comfireanns training, as specified in 12 NCAC 9E .0105 or 12 NCAC 10B .2103 as applicable. Failur designated representative be notified.	pleted the mandatory classroom portion of the in-service e to complete this training requires that the agency head or	
	The classroom session was completed on 09/06/2018 (date).		
•	hillow T. R. Alenous 14 to Att Marget	100061046 9-6-18	
<i>:</i>	Print Name of Furearms Instructor  Signature of Firearms Instructor	Instructor # Date Signed	
TTT	A CIVALONIA ED CEMENTE OF OVER A TANGOLTONI COOPER		
III.	ACKNOWLEDGEMENT OF QUALIFICATION SCORES:		
	I do hereby certify that I have been advised of my firearms qualification scores by the Specialized have failed to qualify with any weapons(s) required, I may not carry and/or have access to the understand that I must notify my agency head or designated representative within 24 hours of my fiportion as prescribed in 12 NCAC 9E .0105 or 12 NCAC 10B .2103 as applicable.	e weapon until such time as I have qualified. I further	
æ		00/00/0040	
	W. Dullock	09/06/2018	
	Signature of Officer	Date Signed	
IV.	AGENCY ACKNOWLEDGEMENT OF QUALIFICATION SCORES:		
As agency head, or designated representative, the below signature acknowledges receipt of the above officer's qualification scores and attests that the above officer has satisfactorily completed training on this department's policies regarding the use of force, N.C. State law regarding the use of deadly force, relevant case law, and safety and marksmanship as required in 12 NCAC 9E .0105 or 12 NCAC 10B .2103. I understand that if the officer has failed to qualify with any weapon(s), then I must restrict access to all applicable weapon(s) until such time as the officer has qualified with same.			
	I certify that the in-service firearms training consisted of a minimum of four (4) hours/credits (For Criminal Justice Commission only.)		
		0 2	
	Signature of Agency Head/Designated Representative	7-11-18	
	organitate of Agency freduites against telepresentative	Date Signed	

\*\*As a certified Specialized Firearms Instructor, I hereby certify that the officer listed below has attained the score(s) as documented below. I understand that if the officer has failed (rev. 01.18) Page 2 of 2 Print and Sign Name & Instructor Number F-9A to gualify, then I must deliver a copy of this form to the officer's agency head or designated representative within 72 hours either in person, or by certified mail.\*\* w kun Annuuniton- Musy & duly annuuniton or ballistic equivalent annuuniton. Include sufficient fulormation to filly describe such as calibor, projecule weight and type. 

«She "s Standards handgun night requires use of flashlight at the 5-yd line

"She "selardars accepts pass/fail cather than % scores NAME OR RANGE LOCATION: HPD Training Center Qualify Yes/No Qualify Yes/No Qualify Yes/No Qualify Yes/No É Score (%) (P)(F) Score (%) (P)(F) Score (%) (P)(F) Score (%) or (PKF) Day(D) Night(N) Day(D) Night(N) Day(D) Night(N) Day(D) Night(N) Z Z Z 00BUCK/SLUG **00BUCK/SLUG** Ammunition Ammunition Ammunition Ammunition 147GR 147GR 230gr 230gr A8776411M A8776411M G300658 G300658 YB9149 YB9149 Serial # Serial # Serial # Serial # : nare BRO- Browning H&K - Heckler & Koch NIOS- Mossberg REM -- Remington 45CAL. 12GA 12GA .45CAL Caliber or Gauge Caliber or Caliber or MM6 **BMM** Caliber or Mot ou Ale Gauge Gauge Gauge 3US - Bushnaste Comments AUTOMATIC/SPECIALTY WEAPONS/OTHER P220 P220 CW9 CV9 870 870 Model Model Model Model SERVICE HANDGUN QUALIFICATION OFF-DUTY HANDGUN QUALIFICATION CLT - Colt WIN- Winchester ARA - Armalite Pass/Fail SAV - Savage gEN-Benelli OFFICER'S NAME: Weldon Bullock 612 SHOTGUN/RIFLE QUALIFICATION KAHR KAHR REM REM Make <u>SIG</u> <u>SIG</u> Make Make S&W-Smith & Wesson GLO - Glock BER- Beretta RUG-Ruger NIGHT DAY Day/Night SIG- Sig Sauer Weapon Weapon Weapon Weapon SG SG Type SA SA SA Type SA COMBAT COURSE R-Revolver S.A. Semi Auto Handgun S.G. Shotgun A.W. Automatic Weapon 9/6/18 81/9/6 9/6/18 9/6/18 9/6/18 <sup>2</sup>. 9/6/18 Date Date Date 2. 9/6/18 81/9/6 Date

# CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION

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nature Agency Head/Designated Representative



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### FIREARMS QUALIFICATION RECORD INSTRUCTIONS

Form F-9A (rev. 01.18)

0100 on	n must be utilized to record the annual In-Service Fircarms Training and Qualification for ea 12 NCAC 10B .2104. A copy must be maintained in each officer's personnel file at the employ sion Staff member. A copy must be attached to the F-5A and submitted to the Criminal Justice	ing agency, and must be avaitable for inspection by a -
SECTIO SECTIO SECTIO SECTIO	N II: Must be completed for every officer and signed and dated by the instructor(s). N III: Must be signed and dated by the officer. N IV: Must be signed and dated by the Agency Head or designated representative.	(s).
I.	OFFICER'S NAME: WELDON W. Bullock	SSN (Last 4):
	Certified by: NC Criminal Justice Education and Training Standards Commission:  Certified by: NC Sheriffs' Education and Training Standards Commission:	⊠ No □ No
	EMPLOYING/APPOINTING AGENCY: U Ance Co Sherift's	Office
, II.	FIREARMS INSTRUCTOR COMPLIANCE – CLASSROOM REQUIREMENT	
	As a Specialized Firearms Instructor, I do hereby certify that the officer listed above has comfirearms training, as specified in 12 NCAC 9E .0105 or 12 NCAC 10B .2103 as applicable. Failur designated representative be notified.  The classroom session was completed on	pleted the mandatory classroom portion of the in-service re to complete this training requires that the agency head of Instructor.#
III.	ACKNOWLEDGEMENT OF QUALIFICATION SCORES:	
•	I do hereby certify that I have been advised of my firearms qualification scores by the Specialized have failed to qualify with any weapons(s) required, I may not carry and/or have access to t understand that I must notify my agency head or designated representative within 24 hours of my portion as prescribed in 12 NCAC .9E .0105 or I2 NCAC 10B .2103 as applicable.	he weapon until such time as I have qualified. I furtie
	Signature of Officer	2/4/19 Date Signed
ΓV.	AGENCY ACKNOWLEDGEMENT OF QUALIFICATION SCORES:	
	As agency head, or designated representative, the below signature acknowledges receipt of the all officer has satisfactorily completed training on this department's policies regarding the use of relevant case law, and safety and marksmanship as required in 12 NCAC 9E .0105 or 12 NCA qualify with any weapon(s), then I must restrict access to all applicable weapon(s) until such time	f force, N.C. State law regarding the use of deadly force. C 10B .2103. I understand that if the officer has failed to
	I certify that the in-service firearms training consisted of a minimum of four (4) hours/credi	ts (For Criminal Justice Commission only.)

\*\*/18 a certified Specialized Firearms Instructor, Hiereby certify that the officer listed below has attained the scorets) as documented below. Landerstand that if the officer has failed to qualify, then 1 must deliver a copy of this form to the officer's agency head or designated representative within 72 hours either in person, or by certified muil.\*\*

(rev. 01.18) Page 2 of 2 1000 Print and Sign Name & Instructor Number Print and Sign Mame & Instructor Number Print and Sign Name & Instructor Number Print and Sign Name & Instructor Number Print and Sign Name & Instructor Number F-9A Include sufficient information to fully describe such as caliber, projectile weight and type.
\*Sheriff's Standards handgun night requires use of flashlight at the 5-yd line
\*Sheriff's Standards accepts pass/fail rather than % scores Ammunition- Must be duty ammunition or ballistic equivalent ammunition. Qualify Yes/No Qualify Yes/No Qualify Yes/No 105 Qualify Yes/No Sharing 7 Scóre (%) (P)(F) Score (%) (P)(F) Score (%)
(P)(F) Score (%) or (P)(F) ٠. P 4 T D SI Yun Horla Day(D) Night(N) Day(D) Night(N) Day(D) Night(N) Day(D) Night(N) Ώ, NAME OR RANGE LOCATION: 7 Ammunition Ammunition Ammunition Ammunition Maril SW- Specialized Weapon SPF -Springfield RRV - Rock River 213612 h Serial # Serial # Serial # Serial 19812 BRO- Browning H&K – Heckler & Koch MOS- Mossberg REM – Remington BUS – Bushmaster OM Caliber or Gauge 9 mm Caliber or Caliber or Gauge 750 Caliber or STATE OF THE Gauge Gauge tost Comments (Px-2 CPX-2 Model Model Model Model SERVICE HANDGUN QUALIFICATION Bullode BEN-Benelli CLT - Colt WIN- Winchester OFR-DUTY HANDGUN QUALIFICATION ARA - Armalite Pass/Fail 2005 SAV - Savage 2983 SHOTGUN/RIFLE QUALIFICATION Makc Makc 2224 Make Make SCCY S&W- Smith & Wesson OFFICER'S NAME:  $W \cdot W \cdot$ Day/Night Tay GLO - Glock BER- Beretta RUG- Ruger SIG- Sig Sauer Weapon Type Wcapon Weapon Weapon ν 4 NA COMBAT COURSE SA- Semi Auto Handgun SG- Shotgun AW- Automatic Weapon 7 2 Patc Patc Date S Date Date 1402 1002 17 A A Date RF-Rifle Case 5 19 m Page 5 cument 7

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SECTION I: Must be completed for every officer.  SECTION II: Must be completed for every officer and signed and dated by the instructor(s).  SECTION III: Must be signed and dated by the officer.  SECTION IV: Must be signed and dated by the Agency Head or designated representative.  SECTION V: Must be completed and signed by the specific certified Specialized Firearms Instructor(s).
SECTION V: Must be completed and signed by the specific certified Specialized Firearms Instructor(s).
I. OFFICER'S NAME: DUMON BULLOCK SSN (Last 4):XXX - XX-
Certified by: NC Criminal Justice Education and Training Standards Commission:  Certified by: NC Sheriffs' Education and Training Standards Commission:  Yes  No
EMPLOYING/APPOINTING AGENCY: Vance Co. Shoriff's office
II. FIREARMS INSTRUCTOR COMPLIANCE – CLASSROOM REQUIREMENT
As a Specialized Firearms Instructor, I do hereby certify that the officer listed above has completed the mandatory classroom portion of the in-servic firearms training, as specified in 12 NCAC 9E .0105 or 12 NCAC 10B .2103 as applicable. Failure to complete this training requires that the agency head of designated representative be notified.
The classroom specion was completed on 292 (date)    Signature of Firearms Instructor   Instructor   Date Signed   Date Signed
William Taylor Bartholomen
III. ACKNOWLEDGEMENT OF QUALIFICATION SCORES:
I do hereby certify that I have been advised of my firearms qualification scores by the Specialized Firearms Instructor(s) indicated. I also understand that if have failed to qualify with any weapons(s) required, I may not carry and/or have access to the weapon until such time as I have qualified. I furthe understand that I must notify my agency head or designated representative within 24 hours of my failure to qualify, and/or successfully complete the training portion as prescribed in 12 NCAC .9E .0105 or 12 NCAC 10B .2103 as applicable.
Willoud, Signature of Officer  12/22/19 Date Signed
IV. AGENCY ACKNOWLEDGEMENT OF QUALIFICATION SCORES:
As agency head, or designated representative, the below signature acknowledges receipt of the above officer's qualification scores and attests that the above officer has satisfactorily completed training on this department's policies regarding the use of force, N.C. State law regarding the use of deadly force relevant case law, and safety and marksmanship as required in 12 NCAC 9E .0105 or 12 NCAC 10B .2103. I understand that if the officer has failed t qualify with any weapon(s), then I must restrict access to all applicable weapon(s) until such time as the officer has qualified with same.
I certify that the in-service firearms training consisted of a minimum of four (4) hours/credits (For Criminal Justice Commission only.)
Custon R Brane
Signature of Agency Head/Designated Representative Date Signed

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Date Weapon Make Make Make Make Smith & Weston Day/Night GLO - Glock BER- Bereits RUG- Ruger SIG-Sig Sauer Wcapon Type Weapon Weapon Weapon Typc COMBAT COURSE v OFFICER'S NAME: SG-Shotgun AW- Automatic Weapon Date Date Date RF-Rifle ent Filed 04